

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS									
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
1	/						51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
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18							68									
19							69									
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21	/						71									
22							72									
23							73									
24							74									
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33							83									
34							84									
35							85									
36							86									
37	/						87									
38							88									
39							89									
40	/						90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	/						TOTAL IND.									
TOTAL DEP.	-	-					TOTAL DEP.									
TOTAL CLAIMS	-	-					TOTAL CLAIMS									